

## **Superior Court of California, County of Lassen Employment Application**

220 S Lassen Street Suite 9, Susanville, CA 96130

Applications: Applications for employment are accepted only during a time of recruitment. When a final filing date is indicated, a completed "Employment Application" form must be received by the Superior Court of California, County of Lassen before 5:00 PM of the closing date. The application must be filled out completely and clearly show that the minimum requirements are met. ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND INVESTIGATION. An applicant's acceptability for any examination must be based on the information on his/her application. An application and attachments, once submitted cannot be returned

Equal Opportunity: The Lassen County Superior Court is an equal opportunity employer, observing Federal, State and Local laws regarding discrimination on the basis of non-merit factors including sex, age, marital status, race, color, ancestry, national origin, medical condition, handicap, and sexual preference.

Alcohol/Drug Test, Medical, and/or Fingerprint Requirements: All prospective Court employees shall have a pre-employment Alcohol/Drug test. A medical screening may be required before appointment to a position. Fingerprinting will be required for certain positions within the Court. I hereby certify that all statements made in the application are true and correct. I understand that this application will be used in determining my qualifications to advance to further stages of competition. I authorize investigation of all matters contained in this application. I agree and understand that any misstatements or omissions of material facts herein may result in elimination from the examination process or forfeiture of all employment rights associated with this examination Notice Sent : \_\_\_ Signature 1. PLEASE TYPE OR PRINT IN DARK INK Name: (Middle) Social Security #: Mailing Address: (Number and Street) (City and State) (Zip Code) Home Telephone #: Okay to leave message? \(\pri\) Yes \(\pri\) No \(\text{Other Contact #:}\) **Position Applying For:** 2. Can you, after employment, submit proof of your legal right to 8. Have you ever been discharged, forced to resign, or work in the United States? rejected during a probationary period from any employment within the last 10 years? Yes No Yes No 3. Special test arrangements may be made to accommodate applicants with If yes, give the name and address of the employer(s), reason for each disabilities or whose religious convictions prevent them from testing on a specific day release and dates of employment. (If additional space is needed use box or date. Do you require such special arrangements? If yes, check the box below and attach a letter to this application explaining the nature of the special accommodations you require. In addition, please contact Superior Court of California, County of Lassen (530) 251-1879 at least two weeks prior to the test date printed on the job bulletin. (If answer is yes, it is not necessarily a bar to employment. Each case is given ☐ Yes individual consideration, based on job relatedness.) 4. Do you possess a valid California Driver's License? (Fill in the 9. Arrest and Conviction Information: Pursuant to California information below only if required on the job announcement.) Labor Code section 432.7, the Court, as a criminal justice agency, may inquire about arrests including those that did not result in convictions. Yes No. License # \_\_\_\_\_ List any and all arrests, whether or not they resulted in a conviction. Make attachments if needed. Class Restrictions Date and location of arrest: 5. In addition to English, list any other languages Violation Code: \_\_\_\_\_ Conviction Date: \_\_\_\_\_ Explanation (Give details in box 10.) Possess verbal fluency in \_\_\_ (Provide attachments if necessary.) Possess written fluency in \_\_\_ 6. If this position requires keyboarding skills, please indicate. **10. Explanations** (Attach additional sheets if needed.): Keyboarding speed: \_\_ You may be required to provide your original certificate. 7. Please indicate in which software programs you are proficient. ☐ Other \_\_\_\_\_ ☐ MS Word ☐ MS Access ☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ MS Excel ☐ MS Outlook □ Word Perfect ☐ Other \_\_\_\_

## DO NOT WRITE IN

☐ Reject	ence			
☐ Expen				
☐ Incomplete Application				
_	pplication			
	pplemental App.			
□ Other.				
Initials:	Date:			

Education											
Did you graduate from high school? Yes No If not, do you possess a GED? Yes No											
Names of College, Graduate, Professional, Business, and/or Trade School (s) Attended:											
Name of School	Location (City, State, Coun		antrv)	Course of Study/Major		Maior	# Of Units	Check Sem.	k One Qtr.	Type of Degree	Completed (Yes/No)
- 1000				) Course of Study/Maje						-JF U	
Licenses or Certificates											
Professional Licenses or											
Certificates,	i	Taguing Agency		Januina Stata			License/Cartification Number		Data	Evoiestion Date	
if required		Issuing Agency		Issuing State			License/Certification Number			Date	Expiration Date
											<u></u>
<b>Employment Experience</b>											
List all experience, starting with											
attach a resume (which can not be substituted for completing this application) and include answers to all of the questions asked on this application about each job experience. Refer to the Job Bulletin for this recruitment to help you decide whether a job you have held fulfills all or part of the Employment Standards.											
Official Job Title:				Name of Employer:							
Mailing Address:			Supervisor	's Name:				Supervisor's job title:			
		-	Salary: \$	Salary: \$ Reason for leaving			for leaving:	<u> </u>			
Dates of Employment:		Hrs per week:	hr/mo/wkly	hr/mo/wkly (circle one)					-Lover ragardir	~ vour amployment r	mand?
From / / To / /		Length of Emplo				ontact this employer regarding your employment record?:  Supervisor's phone number:					
Description of primary duties:		Length of Emplo	Supervisor's prione number:								
Towns I											
								Number	of Employe	ees Supervised: _	
Official Job Title:			Name of	Employer	r·						
			Name of Employer:				Cymawia aw'a iak tida.				
Mailing Address:			Supervisor's Name:					Supervisor's job title:			
			Salary: \$			Reason	for leaving:				
			hr/mo/wkly (circle one)								
Dates of Employment:	: Hrs per week:								ng your employment r	ecord?:	
From / / To / / Length of Employmen			yment:	Yrs.	Mos.	Yes	S No	Supervisor	's phone nun	nber:	
Description of primary duties:											
								Number	of Employe	ees Supervised:_	
Official Job Title:	Official Job Title: Name of Employer:										
Mailing Address:		Supervisor's Name:		<del></del>	Supervisor's job title:						
		Salary: \$			Reason	Reason for leaving:					
			hr/mo/wkly (circle one)								
Dates of Employment:		Hrs per week:				Are we authorized to contact this employer regarding your employment record?:					
From / / To / /	1	Length of Emplo	yment:	Yrs.	Mos.	Yes	S No	Supervisor	's phone nun	nber:	
Description of primary duties:											
								Number	of Employ	ees Supervised:	

## An Equal Opportunity and ADA Compliant Employer Superior Court of California, County of Lassen

## This sheet will be removed before the application is reviewed

Age	
	Under 21
	21-39
	40-69
	70 and over
Gende	er
	Male
	Female
Ethnic	city/Race
	White
	Hispanic
	Black
	Filipino
	Asian or Pacific Islander
	American Indian or Alaska Native
	lid you learn of this job opening?
	Internet
	Job Fair
	Trade or Professional Publication:
	Television or Radio
	Friend or Relative
	Job Line
	The newspaper:
	Other: